

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         |          |        |         |
| O.I.P.E. CLASSIFIER       |          | 6      | 7-25-00 |
| FORMALITY REVIEW          |          |        |         |
| RESPONSE FORMALITY REVIEW | PK       |        | 978-00  |

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Date     |   |    |   |   |   |   |
|-------|----------|---|----|---|---|---|---|
| Final | Original | 6 | 11 | 5 | 2 | 3 | 6 |
| 1     | ✓        | ✓ | ✓  | ✓ | ✓ | ✓ |   |
| 2     |          |   |    |   |   |   |   |
| 3     |          |   |    |   |   |   |   |
| 4     |          |   |    |   |   |   |   |
| 5     |          |   |    |   |   |   |   |
| 6     |          |   |    |   |   |   |   |
| 7     |          |   |    |   |   |   |   |
| 8     |          |   |    |   |   |   |   |
| 9     |          |   |    |   |   |   |   |
| 10    |          |   |    |   |   |   |   |
| 11    | ✓        | ✓ | ✓  |   |   |   |   |
| 12    |          |   | ✓  | ✓ |   |   |   |
| 13    |          | N | N  | N |   |   |   |
| 14    |          |   |    |   |   |   |   |
| 15    | N        | N | N  |   |   |   |   |
| 16    |          |   |    | N |   |   |   |
| 17    |          |   |    |   |   |   |   |
| 18    |          |   |    |   |   |   |   |
| 19    |          |   |    |   |   |   |   |
| 20    |          |   |    |   |   |   |   |
| 21    |          |   |    |   |   |   |   |
| 22    |          |   |    |   |   |   |   |
| 23    |          |   |    |   |   |   |   |
| 24    |          |   |    |   |   |   |   |
| 25    |          |   |    |   |   |   |   |
| 26    |          |   |    |   |   |   |   |
| 27    |          |   |    |   |   |   |   |
| 28    |          |   |    |   |   |   |   |
| 29    |          |   |    |   |   |   |   |
| 30    |          |   |    |   |   |   |   |
| 31    |          |   |    |   |   |   |   |
| 32    |          |   |    |   |   |   |   |
| 33    |          |   |    |   |   |   |   |
| 34    |          |   |    |   |   |   |   |
| 35    |          |   |    |   |   |   |   |
| 36    |          |   |    |   |   |   |   |
| 37    |          |   |    |   |   |   |   |
| 38    |          |   |    |   |   |   |   |
| 39    |          |   |    |   |   |   |   |
| 40    |          |   |    |   |   |   |   |
| 41    |          |   |    |   |   |   |   |
| 42    |          |   |    |   |   |   |   |

| Claim | Date     |    |    |    |    |    |    |
|-------|----------|----|----|----|----|----|----|
| Final | Original | 51 | 52 | 53 | 54 | 55 | 56 |
| 11    |          |    |    |    |    |    |    |
| 12    |          |    |    |    |    |    |    |
| 13    |          |    |    |    |    |    |    |
| 14    |          |    |    |    |    |    |    |
| 15    |          |    |    |    |    |    |    |
| 16    |          |    |    |    |    |    |    |
| 17    |          |    |    |    |    |    |    |
| 18    |          |    |    |    |    |    |    |
| 19    |          |    |    |    |    |    |    |
| 20    |          |    |    |    |    |    |    |
| 21    |          |    |    |    |    |    |    |
| 22    |          |    |    |    |    |    |    |
| 23    |          |    |    |    |    |    |    |
| 24    |          |    |    |    |    |    |    |
| 25    |          |    |    |    |    |    |    |
| 26    |          |    |    |    |    |    |    |
| 27    |          |    |    |    |    |    |    |
| 28    |          |    |    |    |    |    |    |
| 29    |          |    |    |    |    |    |    |
| 30    |          |    |    |    |    |    |    |
| 31    |          |    |    |    |    |    |    |
| 32    |          |    |    |    |    |    |    |
| 33    |          |    |    |    |    |    |    |
| 34    |          |    |    |    |    |    |    |
| 35    |          |    |    |    |    |    |    |
| 36    |          |    |    |    |    |    |    |
| 37    |          |    |    |    |    |    |    |
| 38    |          |    |    |    |    |    |    |
| 39    |          |    |    |    |    |    |    |
| 40    |          |    |    |    |    |    |    |
| 41    |          |    |    |    |    |    |    |
| 42    |          |    |    |    |    |    |    |

| Claim | Date     |     |     |     |     |     |     |
|-------|----------|-----|-----|-----|-----|-----|-----|
| Final | Original | 101 | 102 | 103 | 104 | 105 | 106 |
| 11    |          |     |     |     |     |     |     |
| 12    |          |     |     |     |     |     |     |
| 13    |          |     |     |     |     |     |     |
| 14    |          |     |     |     |     |     |     |
| 15    |          |     |     |     |     |     |     |
| 16    |          |     |     |     |     |     |     |
| 17    |          |     |     |     |     |     |     |
| 18    |          |     |     |     |     |     |     |
| 19    |          |     |     |     |     |     |     |
| 20    |          |     |     |     |     |     |     |
| 21    |          |     |     |     |     |     |     |
| 22    |          |     |     |     |     |     |     |
| 23    |          |     |     |     |     |     |     |
| 24    |          |     |     |     |     |     |     |
| 25    |          |     |     |     |     |     |     |
| 26    |          |     |     |     |     |     |     |
| 27    |          |     |     |     |     |     |     |
| 28    |          |     |     |     |     |     |     |
| 29    |          |     |     |     |     |     |     |
| 30    |          |     |     |     |     |     |     |
| 31    |          |     |     |     |     |     |     |
| 32    |          |     |     |     |     |     |     |
| 33    |          |     |     |     |     |     |     |
| 34    |          |     |     |     |     |     |     |
| 35    |          |     |     |     |     |     |     |
| 36    |          |     |     |     |     |     |     |
| 37    |          |     |     |     |     |     |     |
| 38    |          |     |     |     |     |     |     |
| 39    |          |     |     |     |     |     |     |
| 40    |          |     |     |     |     |     |     |
| 41    |          |     |     |     |     |     |     |
| 42    |          |     |     |     |     |     |     |